

EEO-1 (Rev. 5-1-15)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: _____ Agency(ies) Charge No(s): 451-2019-03264 <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Ohio Civil Rights Commission and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Mrs., M/s.): Ms. Jennifer Anderson		Home Phone (incl. Area Code): (440) 665-6759 Date of Birth: 10/21/1983	
Street Address: 29581 Shaker Dr., Wickliffe, OH 44092 <small>City, State and ZIP Code</small>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name: OFFICE DEPOT		No. Employees/Members: Unknown Phone No. (include Area Code): 512-795-9700	
Street Address: 4501 W Braker Lane, Austin, TX 78759 <small>City, State and ZIP Code</small>			
Name: _____ <small>Street Address</small>		No. Employees/Members: _____ Phone No. (include Area Code): _____ <small>City, State and ZIP Code</small>	
DISCRIMINATION BASED ON (Check all that apply) (EEOC-1000-2-1-107(33)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify): _____		DATE(S) DISCRIMINATION TOOK PLACE Earliest: 2017 Latest: 01-31-2019 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). I started working for Office Depot in 2017; as a Sales Consultant. I am an individual with a disability, which the Respondent is aware of. Since the beginning of my employment and continuing I have been treated less favorably than similarly situated employees by being constantly harassed and denied a reasonable accommodation; I complained and was disciplined. On January 31, 2019, I was discharged. I believe that I have been discriminated against due to my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as Amended (ADA) and retaliated against for participating in a protected activity.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT: _____ SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month day year): _____	
Date: 11/25/2019 Charging Party Signature: <i>Jennifer Anderson</i>		_____	